

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 724032 (8)**

1. Corporation Name  
**SPRINGWOOD VILLAS II, INC.**



Principal Place of Business: **10440 AZALEA PARK DRIVE, PINELLAS PARK FL**  
Mailing Address: **CUSTOM COMMUNITY MANAGEMENT, P.O. BOX 8471, CLEARWATER FL 34618-8471**

3. Date Incorporated or Qualified: **08/03/1972**  
3a. Date of Last Report: **05/01/1995**

21	22	23	24	25	26	27	28	29	30	4. FEI Number	Applied For
										<b>59-1646482</b>	Not Applicable
2. Principal Place of Business					2a. Mailing Address					5. Certificate of Status Desired	
<b>10440 Azalea Park Drive</b>					<b>Custom Community Mgmt</b>					<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Suite, Apt. #, etc.					Suite, Apt. #, etc.					6. Election Campaign Financing	
-					<b>2331 Belleair Road; Suite D</b>					<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
City & State					City & State					8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
<b>Pinellas Park, FL</b>					<b>Clearwater, FL</b>					<input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip					Zip					9. Name and Address of Current Registered Agent	
<b>34666</b>					<b>34624</b>					10. Name and Address of New Registered Agent	

**CUSTOM COMMUNITY MGMT  
FRANK RANDAZZO  
2331 BELLEAIR RD, STE B  
CLEARWATER FL 34624**

81 Name: **Frank M. Randazzo, LCAM**  
82 Street Address (P.O. Box Number is Not Acceptable): **Custom Community Management, Inc.**  
83 **2331 Belleair Road; Suite D**  
84 City: **Clearwater** FL 85 Zip Code: **34624**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P</b> <b>PETRIKEN, MARIE</b>	1.2 NAME	<b>(same)</b>
STREET ADDRESS	<b>10341 LARCHMONT PLACE</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PINELLAS PARK FL 34666</b>	1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VP</b> <b>TURNER, ROY</b>	2.2 NAME	<b>Dick Bennett</b>
STREET ADDRESS	<b>5380 SPRINGWOOD BLVD.</b>	2.3 STREET ADDRESS	<b>6434 Larchmont Court</b>
CITY - ST - ZIP	<b>PINELLAS PARK FL 34666</b>	2.4 CITY - ST - ZIP	<b>Pinellas Park, FL 34666</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>T</b> <b>LOWE, ED</b>	3.2 NAME	<b>(same)</b>
STREET ADDRESS	<b>5480 PALM CREST CT.</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PINELLAS PARK FL 34666</b>	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>S</b> <b>JACKSON, HARRIET</b>	4.2 NAME	<b>(same)</b>
STREET ADDRESS	<b>5388 FERDALE PL.</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PINELLAS PARK FL 34666</b>	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D</b> <b>WALTON, GEORGE</b>	5.2 NAME	<b>(same)</b>
STREET ADDRESS	<b>10321 LARCHMONT PLACE</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PINELLAS PARK FL 34666</b>	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D</b> <b>STUNNELL, DENNIS</b>	6.2 NAME	<b>(same)</b>
STREET ADDRESS	<b>5471 PALM CREST CT.</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PINELLAS PARK FL 34666</b>	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: *Edward H. [Signature]* 14 Feb 1996 813. 544-0166  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)